

Payment Request: Memberships

MAKE PAYABLE TO: LAST NAME, FIRST, etc.					AMOUNT						
MAILING ADDRESS											
DEPARTMENT NAME					DATE REQUESTED			* LVPA		Optional Control No.	
NAME OF BUDGET TO BE CHARGED			PREPARED BY		EXT.		Approver's \$ delegation for memberships			Accounting only	
L	-- Account--	Fund	S	Obj Code	Cost Centr	Cost Type	Project	AMOUNT	T/C		

* Memberships to secure periodicals only: with reference to a valid low value purchase authorization, the above coding block may be left blank. Subscriptions involving no membership approval are not appropriate for this form; pay off invoice or regular Form-5.

IN PAYMENT OF MEMBERSHIPS TO ORGANIZATIONS OR TO SECURE PERIODICALS.

Departmental memberships in the UCSB Faculty Club may only be used for official departmental business. Memberships in social organizations (e.g., business, athletic, social, luncheon, sporting, airport, and hotel clubs) require written approval from the Chancellor.

Membership to (name of organization): _____
 for (individual or department/program): _____

Category: () organizational/accrediting, () professional/scholarly, () community, () other _____

Benefit to UCSB: _____

List other UCSB members: _____

Effective dates: From _____ To _____

() **NEW MEMBERSHIP:** ADDITIONAL APPROVAL is required for amounts that exceed the delegated authority of the approving official.

() **RENEWAL MEMBERSHIP:** If the ADDITIONAL APPROVAL obtained on a previous membership request is valid for subsequent renewals, and the only change is the effective dates, attach a copy of the previously approved payment request. Otherwise, follow procedures to obtain a new membership.

() **TO SECURE PERIODICAL,** titled: _____

Effective dates: From _____ To _____

Member _____
 University of California Santa Barbara

PERIODICAL DELIVERY INFORMATION:
 Provide only if no offer or renewal notice is available for enclosure.

Program _____
 Department _____
 City, ST, Zip _____

APPROVED BY	ADDITIONAL APPROVAL BY
_____	Valid for subsequent renewals? () YES () NO
Approver with membership delegation _____ Date _____	Control Point _____ Date _____

ENCLOSURES: Accounting will send payment and enclosures directly to the payee. Enclose COMPLETED and SIGNED original of any acceptance form (offer, renewal notice, or invoice) for transmittal with payment. Please provide a copy for Accounting's files.

